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ABSTRACT

Professional ethics is becoming a topic of high interest for counselors and counselor educators. Dogmatism and orthodox Christian religious beliefs are two variables which may help to explain the relationship between a counselor's personal characteristics and his or her ethical orientation. This study examined these variables and their relationship to ethical decision making in master's level counselor education students (N=50). Subjects completed a demographic information data sheet and three measures: (1) the Rokeach Scale to measure dogmatism; (2) the Dimensions of Religious Commitment Scale to measure orthodox Christian beliefs; and (3) the Ethical Judgement Scale to measure ethical judgment. The results indicated a significant negative relationship between dogmatism and ethical judgment, suggesting that individuals who are highly dogmatic may have lower levels of ethical judgment than do their less dogmatic peers. A significant inverse relationship was found between orthodox Christian religious beliefs and ethical judgment, suggesting that individuals who hold orthodox Christian religious beliefs tend to have lower levels of ethical judgment than do individuals who do not hold such beliefs. Further analyses indicated that 12% of the variance in ethical judgment could be predicted to some extent based upon the counselor's level of dogmatism and religious convictions. The relationship between dogmatism, Christian beliefs, and ethical judgment in counselors warrants further investigation. (NB)

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THE RELATIONSHIP BETWEEN DOGMATISM, ORTHODOX CHRISTIAN BELIEFS, AND ETHICAL JUDGEMENT

[Radha Janis Parker]

ABSTRACT

The author explored the relationship between dogmatism (assessed by the Rokeach Scale), orthodox Christian beliefs (assessed by the Dimensions of Religious Commitment Scale), and ethical judgement (assessed by the Ethical Judgement Scale) in counselor trainees.

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Professional ethics is becoming a topic of exceedingly high interest for counselors and counselor educators. With the increased emphasis upon the processes involved in ethical decision making, however, comes a heightened awareness that many factors remain unexplained. Several variables which may help to illuminate the relationship between the counselor's personal characteristics and his or her ethical orientation are those of dogmatism and orthodox Christian religious beliefs.

A knowledge of the profession's ethical standards alone does not guarantee appropriate behaviors in its members. As Van Hoose and Paradise (1979) pointed out, the codes serve as guidelines only and offer no "cookbook recipes" for handling every situation. When faced with ethical dilemmas, many counselors attempt to make decisions based solely upon intuition, but as Kitchener (1984, 1986) proposed, intuitive feelings do not necessarily lead to appropriate behavior. Intuition may be based upon one's familial or religious upbringing, but may bear little relationship to sound ethical decision making. Kitchener suggested instead that counselors need to advance to a second level of moral reasoning, the critical-evaluative level, to refine and systematically evaluate their thinking. Individuals who rely exclusively on intuition may operate at the lower end of the ethical spectrum.

According to the Van Hoose and Paradise (1979) stage theory of ethical orientation in counselors, which is loosely based upon Kohlberg's work, ethical judgement can be conceptualized as lying on a developmental continuum of five

stages. The lower stages represent a greater reliance on external authority and institutional rules, and the higher stages represent a greater concern for the client, regardless of societal expectations. The stages, although qualitatively different, are continuous and overlapping, with the higher stages indicating ethical judgement which is more adequate or appropriate. The counselor functioning at the Stage 1 (Punishment Orientation) makes decisions and suggests courses of action based upon a strict adherence to prevailing rules and standards, believing that individuals must be punished for bad behavior and rewarded for good behavior. The Stage 2 counselor (Institutional Orientation) rigidly adheres to the rules and policies of his or her agency or institution and makes decisions based upon the expectations of higher authorities. Stage 3 (Societal Orientation) counselors are most concerned about duty, the laws of society, and the approval of others. At Stage 4 (Individual Orientation), the counselor's primary concern is for the needs of the client, although he or she is secondarily concerned with laws and societal welfare. Professionals who function at Stage 5 (Principle Orientation) have a primary concern for the client, with little regard for the legal, professional, or societal consequences of their behavior. Self chosen principles of conscience and internal ethical formulations are paramount.

The variables of dogmatism and orthodox, i.e., fundamentalist, Christian beliefs may relate to the counselor's ethical orientation. Ellis (1986) warned of the

dangers of absolutistic thinking, whereby individuals are convinced that their views of people and the universe are unequivocably true and destined to prevail. In Ellis' estimation, dogmatic, fanatical political or religious beliefs may lead to an extreme disregard for the rights of others. Orthodox Christian beliefs have been found to be highly correlated with anti-Semitism (Glock and Stark, 1966) and fundamentalist Christian groups have been known to not only beat and sexually abuse children, but also to bomb birth control clinics (Ellis, 1986). Authoritarian beliefs, or belief systems, might be diammetrically opposed to the scientific thinking which is necessary for the critical-evaluative level of moral reasoning and the higher stages of ethical judgement.

In order to examine factors related to ethical decisonmaking, this study focused on the following questions:

1. Is there a significant relationship between dogmatism (i.e., a closed belief system) and ethical judgement?
2. Is there a significant relationship between orthodox Christian beliefs and ethical judgement?
3. Is there a significant linear relationship between ethical judgement and the combined variables of dogmatism and Christian beliefs?

METHOD

Research Participants

Participants in this study consisted of master's level Counselor Education students at a large southeastern university. All were prepracticum students who voluntarily

completed the scales in one of their graduate classes. None of the students had had prior counseling experience.

56 counselor trainees participated initially; of these, 6 were disqualified, either because they failed to complete the questionnaires according to instructions (e.g., selecting two responses for some items, rather than just one), or they indicated that their religious orientation was nonChristian (e.g., Jewish, Buddhist, etc.). Of the remaining 50 students who were used in the study, 15 were male and 35 were female. Their ages ranged from 20 to 64, with a median age of 24. 28% were age 22, and 24% were over age 30.

Instrumentation

The Rokeach Dogmatism Scale - Form E was used to measure the counselor's level of dogmatism. This instrument consists of 40 statements to which participants respond on a 6-point Likert scale ranging from "I agree very much" (+3) to "I disagree very much" (-3). Because each item is converted to a 1 to 7 scale by adding the constant 4 to each score, the range of possible total scores is from 40 to 280, with a high score indicating a high degree of dogmatism. Rokeach (1960) reported a split-half reliability coefficent of .81 for this instrument.

The Dimensions of Religious Commitment Scale by Glock and Stark (1966) was used to measure Christian beliefs. This instrument consists of four scales relating to various dimensions of religiosity: Belief, Ritual, Experience, and Knowledge. Scores are determined separately for each scale.

Because religious belief was found to be the most central component and the best predictor of other aspects of religiosity (Robinson and Shaver, 1969), this study used only the Belief scale. Points on this nine-item scale are assigned according to the degree to which the respondent indicates agreement with the orthodox Christian position, such as "The devil actually exists" and "The miracles happened just as the Bible says they did" (Robinson and Shaver, 1969). Total scores range from 0 to 14, with a higher score indicating greater adherence to orthodox Christian beliefs.

This instrument, developed from a nationwide survey of individuals randomly selected from church membership lists, was validated by correlating each index with answers to other items designed to measure the same dimension. Substantial associations were found. Also patterns of denominational differences were checked to see whether they seemed to make sense, and this pattern was observed to be the case. No direct evidence of reliability, however, was reported (Robinson and Shaver, 1969).

The Ethical Judgement Scale (EJS) by Van Hoose and Paradise (1979) was used to measure ethical judgement. This instrument consists of 25 hypothetical case incidents of ethical dilemmas, to which the respondent selects one of five alternatives. The possible choices correspond to the five ethical orientations of counselors.

Because each stage is considered to be qualitatively

different, scores for each participant are derived by counting the frequency of responses given by the individual at each stage of orientation. The ethical orientation is determined by the category having the highest frequency of responses. Scores on this instrument therefore range from 1 (lowest stage) to 5 (highest stage).

The EJS was examined for internal consistency and was found to yield a correlation alpha of .76. Negative or low positive correlations were found between the five stages which supports the contention that the stages are qualitatively different (Van Hoose and Paradise, 1979). In a later study, Welfel and Lipsitz (1983) found scores on the EJS to be positively correlated with scores on the Defining Issues Test (Rest, 1979). The latter finding yields support for the assumption that the EJS measures a construct which is similar, but not identical, to moral reasoning.

Procedure

Students completed the three scales during one class session of their "Theories and Techniques of Counseling" class. In addition to the scales, each student filled out a brief demographic data sheet which included information such as age, sex, race, and religious denomination. Strict confidentiality of individual responses was guaranteed.

RESULTS

Scores obtained on the Rokeach Scale ranged from 73 to 208, with a mean score of 128.26 and a standard deviation of 24.96. The Dimensions of Religious Commitment Scale yielded scores ranging from 0 to 13, with a mean score of 5.28 and a standard deviation of 3.08. Scores on the EJS ranged from 2 to 5, with a mean score of 4.16 and a standard deviation of .91. No students scored 1's on the EJS, 6% of the students scored 2's, 16% of the students scored 3's, 34% of the students scored 4's, and 44% of the students scored 5's.

The negatively skewed distribution of scores obtained on the EJS may be partially explained by the students having had some exposure to ethical principles in class. Although the topic was not formally introduced, instructors often incorporate examples of ethical decision making into their lectures and discussions. Because the study was administered during the latter part of the semester, it is very possible that the instructor of the course had mentioned specific ethical dilemmas and how they might best be resolved. His spontaneous remarks over the course of the semester may have exposed the students to higher levels of ethical reasoning which could have caused their scores to be somewhat higher than expected.

Pearson product moment correlations were performed to examine the first two research questions. Regarding Question 1, the Pearson product moment correlation coefficient

of -.23 revealed a negative correlation between dogmatism and ethical judgement which was significant at the .05 level. The Pearson product moment coefficient of -.35 for Question 2 indicated a negative relationship between orthodox Christian beliefs and ethical judgement which was significant at the .01 level. The two independent variables of dogmatism and Christian beliefs were found to be positively correlated with each other at the .001 level (Pearson r = .65)

Multiple regression analysis was used to investigate the third research question, whether the linear combination of the individual factors of dogmatism and Christian beliefs correlated with ethical judgement. A multiple correlation of .35 was obtained with both independent variables, dogmatism and Christian beliefs, entered into the equation. This equation accounted for 12% of the variance of the dependent measure, ethical judgement, which was significant at the .05 level.

DISCUSSION

The result of the correlation coefficient for Question 1 indicated a significant negative relationship between dogmatism and ethical judgement. This relationship suggests that individuals who are highly dogmatic may have lower levels of ethical judgement than their less dogmatic peers. Regarding Question 2, a significant inverse relationship was also shown to exist between orthodox Christian religious beliefs and ethical judgement. This correlation indicates that individuals who hold

orthodox Christian religious beliefs tend to have lower levels of ethical judgement than individuals who do not hold such beliefs. These analyses, however, do not determine causality in either relationship, atlthough causality may exist.

Several factors may help to elucidate these findings. Higher levels of ethical judgement require that the counselor be able to place the needs of the client above all other concerns, including legal and societal expectations. When faced with ethical dilemmas, the counselor who functions at the highest stage of ethical judgement relies on self chosen principles of conscience and internal ethical formulations (Van Hoose and Paradise, 1979). The dogmatic individual relies instead upon external authority or upon irrelevant internal pressures, such as irrational ego motives, power needs, or the desire to relieve anxiety, when trying to make ethical decisions (Rokeach, 1960). Because the dogmatic counselor tends to view the world as a threatening place (Rokeach, 1960), he or she may find it to be extremely difficult to function with the flexibility and openness necessary in the higher ethical orientations. As Tennyson and Strom (1986) have proposed, to act with responsibleness requires that a person respond not out of duty alone, but because of a decision that a certain response is right. This decision is arrived at through a sophisticated structure of thinking and is not made by answering to some external authority; instead the decision comes from within. According to Rest (1983), to formulate a moral course of

action involves more than simply learning a set of rules or laws. Instead one must integrate a variety of assumptions about how people ought to cooperate and what constitutes fair treatment. The dogmatic individual is not able to accomplish this integration because his or her belief system includes parts which are relatively isolated from one another. The dogmatic person does not accept particular beliefs based upon their logical consistency with previous beliefs, but instead assimilates them wholesale, as if being "fed by one's authority figure" (Rokeach, 1960, p. 61). The dogmatic counselor may never reach the critical-evaluative level of moral reasoning as proposed by Kitchener (1984, 1986).

Orthodox Christian religious beliefs may also be incompatible with higher levels of ethical reasoning because they too require subservience to an external authority, e.g., the Bible. Rest (1983) has suggested that religious ideology may overrule an individual's concepts of justice when he or she is trying to formulate what a moral course of action would be in a specific situation. The teachings of the church may seem to be of greater importance than the needs and wishes of the counselee so that one's responsibility to the client may be overlooked. Glock and Stark (1966) have found adherence to orthodox Christian religious beliefs to contribute to social conflict in the sense that intolerance and hostility toward nonbelievers often accompany these ideas. Perhaps it is not the beliefs

themselves which are culpable, but instead the degree to which an individual dogmatically holds the beliefs. Ellis (1983) has argued that while a mild system of religious beliefs may not be detrimental, devout religiousity contributes to mental and/or emotional disturbance. One aspect of this disturbance, which Ellis postulates as being a result of religiosity, is the fear of taking risks. Certainly higher levels of ethical judgement necessitate risk taking, e.g., refusal to break confidentiality in spite of court mandates. Therefore a reluctance to take risks and to instead depend upon religious scripture may indeed be incompatible with higher ethical orientations. Perhaps it is the combination of dogmatism and religious beliefs which are truly antithetical to advanced ethical thinking.

Question 3 attempted to answer the above question by determining the relationship between the linear combination of the variables of dogmatism and religious beliefs on ethical judgement. Multiple regression analysis was used to show the collective contributions of the independent variables to the variance of the dependent variable. The analysis indicated that 12% of the variance in ethical judgement can be predicted to some extent based upon the counselor's level of dogmatism and religious convictions.

Several considerations must, however, be kept in mind regarding the results of the study. Beta weights, which indicate the direction and influence of each independent

variable upon the dependent variable, are less reliable if the independent variables are highly correlated. Because dogmatism and religious beliefs were shown to be correlated with each other at the .001 level of significance, the results of this study may be somewhat less than reliable. Also since the subjects volunteered to be in the study, and no randomization was done, some sampling bias may be present. Perhaps individuals with more confidence in their ability to reason ethically were more likely to participate. Further research is needed to provide greater understanding regarding the types of relationships which exist between dogmatism, religious beliefs, and ethical judgement and to explain the large amount of variance in ethical judgement which has not been accounted for.

IMPLICATIONS

The results of this study yield several implications for individuals who would seek to understand and enhance ethical judgement in counselors. The relationship between dogmatism, Christian beliefs, and ethical judgement in counselors warrants further investigation. Research is needed to determine whether causality exists within the relationship of dogmatism and ethical judgement, and within the relationship of Christian beliefs and ethical judgement, and to determine whether dogmatism and Christian beliefs can realistically be considered as separate variables. Other factors which relate to ethical judgement must also be explored as much

of the variance in ethical judgement has still not been explained.

Because changes may occur in the relationships between dogmatism, Christian beliefs, and ethical judgement over time, a longitudinal study is recommended. After having the opportunity to acquire experience in the field of counseling, the participants could be retested to see if changes had occurred in the relationships between the variables.

Finally, since strong relationships do exist between dogmatism, religious beliefs, and ethical judgement, counselor preparation programs might consider these variables in their selection and training of students. Perhaps an assessment of dogmatism should be made during the application process so that some individuals might be screened out. A less drastic measure might involve developing educational and supervisory strategies to challenge dogmatic thinking in counselor trainees. Experiential exercises which elucidate how religious beliefs and values affect ethical reasoning could be used to alert potential practitioners regarding the need for referrals when particular beliefs impede ethically appropriate behavior. Group interaction with peers may help to elevate the student's level of ethical reasoning and may serve as a model for later consultation with colleagues when real ethical dilemmas arise. Perhaps through a combined emphasis upon values clarification and critical thinking, more ethically proficient professionals may enter the complex, value laden world of daily practice.

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